



APPLICATION REQUEST FOR A SKILLED NURSING FACILITY OR INTERMEDIATE CARE FACILITY



This letter is to assist you in preparing a skilled nursing facility (SNF) or intermediate care facility (ICF) licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program for:

- Initial application package for a SNF or ICF; or
- Change of ownership (CHOW) application package for a SNF or ICF.

A state license is required to operate a SNF or ICF in California, which are defined as:

- SNF means “a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis,” pursuant to Section 1250(c) of the Health and Safety (H&S) Code.
- ICF means “a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care,” pursuant to Section 1250(d) of the H&S Code.

An application package is required for: (1) a new (initial) SNF or ICF facility; and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C’s Centralized Applications Unit (CAU), pursuant to Section 72201 of Title 22 of the California Code of Regulations (CCR). All other changes (besides a CHOW) must also be reported to the L&C District Office (DO) in writing within **10 days** of the change, pursuant to Sections 72211 and 73225 of Title 22 of the CCR. These other changes do not require submittal of a new application package. The DO will assist you on which forms on the checklist that must be submitted for the specific change to the license.

For your convenience, the [attached checklist](#) has instructions to complete the forms required for licensing and/or certification of SNF or ICF. The [checklist](#) provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.



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Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK. NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.” **Do not make changes to these forms.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

In addition, a check or money order, made payable to the “**California Department of Public Health**” for the licensing fee, determined pursuant to Sections 1266 of the H&S Code, must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for a SNF or ICF which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application package is withdrawn or denied, pursuant to Sections 72203(a)(2) and 73208(a)(2) of Title 22 of the CCR.

The application package review process will consider the licensee’s and board members’ prior compliance history of all facilities operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate.

Failure to demonstrate substantial compliance historically may result in the denial of your application package. You will be notified in writing of L&C intent to deny the application.

All completed SNF and ICF **application packages must be submitted to the L&C CAU address** (regular **or** overnight mail), listed below. Please note that “overnight” mail may actually take longer for CAU to receive because of our CDPH in-house mail services.



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For overnight (FedEx, UPS):

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
1615 Capitol Avenue, MS 3402
Sacramento, CA 95814

For regular mail:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3402
Sacramento, CA 95899-7377

The CAU will review the application package for completion and forward it to the appropriate district office once the application package has been given a recommendation of “approved”. A list of district offices and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

Please NOTE the following:

1. There are some differences between documents required for a CHOW and “initial” application packages that are noted on the [checklist](#).
2. An initial survey is part of the application process for “new” SNF or ICF applications.
3. The initial survey is a scheduled survey conducted by L&C district offices in the facility.
4. If your agency wants to provide services to **Medicare beneficiaries** (under Title 18) or **Medi-Cal beneficiaries** (under Title 19) you will need an additional **certification survey** that is unannounced and conducted by one of our L&C district offices.
5. Once you have had your initial licensing survey, you need to notify the L&C district office that you are ready and prepared to have an initial certification survey.
6. In addition, you must be in compliance with state licensing laws and federal conditions of participation.

The district office will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C’s policy that, except in unusual circumstances, only one inspection visit will be made. Failure of the facility to be in substantial compliance, at the time of the visit, will result in the “denial” of the application package. Any further activity regarding your request, after such denial, will require a new application and license fee.



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PLEASE NOTE: A license will not be issued until both the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact the Centralized Applications Unit, at (916) 552-8630 or by e-mail at CAU@cdph.ca.gov

Sincerely,

ORIGINAL SIGNED BY:

Anna Ramirez, Chief
Field Operations Branch—Region IV



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Form Number	Item Number on Form	PROVIDER CHECKLIST for SKILLED NURSING or INTERMEDIATE CARE FACILITY The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	Check List
LICENSURE SKILLED NURSING or INTERMEDIATE CARE FACILITY Includes the forms and information to be "licensed"			
HS 200	Licensure & Certification Application (Title 22, Sections 72201 and 73203) NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:		
	A.11.	Construction (Title 22, Section 72205) Certificate from licensed architect or local building authority stating building (remodeled or new building) is in compliance with the California Code of Regulations and the California Building Code (OSHPD 3).	
	B.1.	Licensee's name [(Title 22, Sections 72509(c) and 73205(a)(1))] The licensee's formal organization name must be consistent throughout all documents.	
	B.2.	Nonprofit	N/A
	B.3.	Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: [(Title 22, Section 73205(a)(9))] <ul style="list-style-type: none"> • Applicant's owners/officers • All facilities the applicant is involved with • Management company of applicant, if applicable, and all of their facilities • Parent company of applicant, if applicable, and all of their facilities – see B.6. 	
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.	
	B.6.	Subsidiary information. If there is a "subsidiary" (parent company) SUBMIT: <ul style="list-style-type: none"> • An organization chart with the parent company name and tax ID number • A listing of all owners/officers of the parent company • A listing of all facilities the parent company is involved with 	



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	C.1.a.	Management Company (H&S Code, Sections 1265 and 1267.5) If the facility is operated under a Management Agreement between the licensee and a management company approved by the Department, complete and SUBMIT ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility.	See Attach E-1 below
	C.1.b.	"Interim" Management Company Agreement. • If there is an "interim" Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of Agreement. The interim management company agreement is also addressed under "Change of Ownership" (CHOW) requirements on page 7 of these instructions.	Also see CHOW on page 9 of this letter
	C.2.	Name of "proposed" and "current" facility. Enter both facility names if this is a CHOW.	
	C.6.a.	Administrator (Title 22, Sections 72211, 72513 and 73205) SUBMIT the HS 215A form for the Administrator of the facility.	
	C.7.	Ownership (Title 22, Section 73205) • List all persons having 5% or more ownership, unless "nonprofit". • SUBMIT the HS 215A form for each of these persons.	
	C.8.	Financial resources. SUBMIT evidence that the licensee has sufficient financial resources to operate the facility for at least 45 day. [H&S Code, Section 1265(g)] The evidence should be in the form of a bank statement, certificate of deposit, etc. in the name of the licensee. The amount is determined by multiplying 45 days x number of beds x Medi-Cal rate.	
	C.9. & C.10.	Over-concentration and Program Plan. These questions are "N/A" for SNFs and ICFs.	N/A
	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.	
	F.1.	Signature. "Original" signature is required and MUST be signed by the LICENSEE (not the Administrator).	



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	Attach E-1	Management Company Information (H&S Code, Sections 1265 and 1267.5) If the facility is operated under a Management Agreement between the licensee and a management company approved by the Department, SUBMIT ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility. Note: If the management company has not been approved by the Department, please download forms for Management Company from the L&C website.	
HS 215A	Applicant Individual Information (H&S Code, Section 1267.5) NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following persons with ORIGINAL signatures:		
		<ul style="list-style-type: none"> • Administrator of the facility (Title 22, Sections 72513 and 73205) • Board members, directors, partners, and corporate officers of the applicant organization, parent organization, and management company • Each person having a beneficial interest of 5% or more in the applicant organization, parent organization, and management company • LLC managers and members • Partners 	
	Signature	Signature. Original "signature" is required.	
	Facility Information Sheet	Facility Information Sheet. Each individual must complete and SUBMIT the "Facility Information Sheet" for each facility with which they have a <u>current</u> or <u>past</u> relationship (going back 3 years). The following <u>MUST</u> be completed for each facility: <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity • Person's <u>nature</u> of involvement • Person's dates of involvement This Sheet must also include any facilities licensed by the California Department of Social Services.	



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HS 309 1 st page	Administrative Organization		
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.	
	3. thru 7.	Corporations need to SUBMIT: <ul style="list-style-type: none"> • A copy of the Filing Statement from Secretary of State • Copy of all Articles of Incorporation • Copy of By-Laws 	
	9.	Governing Board of Directors. SUBMIT the HS 215A form for each person listed under this item.	
	10.	Board Officers. SUBMIT the HS 215A form for each person listed under this item.	
HS 309 2 nd page	Organizational Structure		
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the California Secretary of State.	
	3. thru 4.	Public Agency. SUBMIT a copy of the Resolution.	
	5.	Item 5. Corporations and Partnerships need to complete Item 5	
	Bottom of page	Partnerships need to SUBMIT: <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the California Secretary of State filing 	
	Bottom of page	Limited Liability Companies (LLC) will need to SUBMIT: <ul style="list-style-type: none"> • Copy of Filing Statement from the Secretary of State • Copy of Articles of Organization • Copy of Operating Agreement • List of Members / Holders / Officers / Managers 	
HS 400	Affidavit Regarding Patient Money (Title 22, Sections 72217 and 73241)		
		Be sure to mark either A or B box. If B is checked, enter the amount of money to be handled and submit the bond required on form HS 402.	
HS 402	Surety Bond Verification (Title 22, Sections 72217 and 73241)		
		<ul style="list-style-type: none"> • Be sure the HS 402 form is a California Department of Public Health form • Is signed by the Bonding agency • Possesses the embossed seal of the Bonding Agency • Contains the original signature of the Bonding Agency • SUBMIT an "original" bond or an "embossed" Power of Attorney 	



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HS 602		Transfer Agreement Between (Title 22, Sections 72519 and 73503)	
		The Transfer Agreement needs to be current. Please submit a copy of the transfer agreement.	
HS 609		Bed or Service Request (Title 22, Sections 72201, 72401 and 73445)	
	Top of page	Under "Requested Beds" category, the "Approved Capacity" should be left blank.	
	Bottom of page	Check the types of beds on this portion of the form.	
DHCS 1051		Civil Rights Compliance Review	
		Send directly to Office of Civil Rights – address is on last page of the form.	
None		Change of Ownership (Title 22, Sections 72201 and 73203)	
		<p>SUBMIT all of the forms required for an "initial" application, listed above, plus the following:</p> <ul style="list-style-type: none"> • Signed and dated copy of "interim" Management Agreement. Refer to the form HS 200, Item C.1.b. • Written verification (with amount) by a public accountant, accounting for all patient monies being transferred to the custody of the new licensee. [Title 22, Sections 72529(a)(10) and 73557(a)(8)] • Copy of receipt (with amount) signed by the new licensee in exchange for such monies. [Title 22, Section 72529(a)(10) and 73557(a)(8)] • A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. [Title 22, Sections 72543(e) and 73543(e)] 	
<p style="text-align: center;">CERTIFICATION SKILLED NURSING or INTERMEDIATE CARE FACILITY Includes the forms and information to be "certified" with Medi-Cal and/or Medicare</p>			
HS 328		Notice – Effective Date of Provider Agreement	
DHCS 9098		Medi-Cal Provider Agreement	
		Do not leave any questions blank. Enter N/A if not applicable. Signature page (page 9) must be notarized.	



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CMS 671	Long Term Care Facility Application for Medicare and Medicaid		
		Facility Staffing Form: <ul style="list-style-type: none"> • Enter staff hours worked in the most recent complete pay period. • Enter either a "Y" (for yes) or "N" (for no) under Column A, sub-columns 1, 2 and 3 in the "unshaded" areas. If you have entered "Y", enter hours in the appropriate "unshaded" areas. • Original signature required along with the time and date form was completed. 	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application		
		<ul style="list-style-type: none"> • This form is from the Federal Department of Health and Human Services. • The completed forms should be mailed directly to the appropriate Fiscal Intermediary. 	
CMS 1561	Health Insurance Benefit Agreement		
		SUBMIT two (2) signed copies with "original" signatures. <ul style="list-style-type: none"> • Initial Application: Sign the top signature block entitled "Accepted for the Provider of Services By." • Change of Ownership: Sign the bottom signature block entitled "Accepted For The Successor Provider of Services By." 	
HHS 690	Assurance of Compliance – Submit 2 copies plus:		
		<ul style="list-style-type: none"> • Civil Rights Information Request for Medicare Certification "Complete" and "sign" form (original signature). • SUBMIT required items for the items checked on the Civil Rights Information Request (above) 	